



HEALTH CARE
AUTHORITY

VERIFICATION OF VOLUNTEER HOURS

This form can be a tool to help you track your volunteer hours for your work requirements. This form is **not** mandatory.

SECTION 1. SNAP PARTICIPANT INFORMATION

Fill out this section. This lets your volunteer hours be counted.

Individual Name:	Case Number	Phone Number
------------------	-------------	--------------

SECTION 2. VOLUNTEER ACTIVITY INFORMATION

Fill in this part to verify hours. Provide all information. This will help process your case more quickly.

Date Completed	Number of Hours Completed	Organization	Printed Name of Person Verifying Hours	Phone Number of Person Verifying Hours

You can turn in this form online. You can upload it to your account at <https://yes.nm.gov>. You can fax it to 1-855-804-8960. You can mail it to: Central ASPEN Scanning, PO Box 830, Bernalillo, NM 87004. You can bring it in person to your local ISD office.